

IFHP Benefit Grid - IME and IME Tests

Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
IME and IME Tests									
0293CI Immigration Medical Exam (IME)		1-Apr-19					1 / LT	\$179.44	See NOTE 4
NOTE 4 - The service can only be performed by a Panel Physician.									
0293V IME Venipuncture		1-Apr-16					1 / LT	\$9.60	
0293CX IME Chest X-Ray		5-Nov-14						\$42.10	
0293L IME Lab Exam (urinalysis)		1-Apr-16					1 / LT	\$2.90	
0293VDRL IME Venereal Disease Research Lab (VDRL)		5-Nov-14						\$15.75	
0293HLT IME HIV Lab testing		5-Nov-14						\$21.00	
0293LD IME Laboratory Documentation		5-Nov-14						\$7.76	See NOTE 3
NOTE 3 - (a) The patient documentation and specimen handling benefit is limited to 1 per patient, per day. (b) Billed by Laboratories only. (c) Not applicable to a patient visit as the service is solely to receive instructions or collection containers. (d) When multiple tests are ordered for the same patient, for the same day, only one fee is payable.									

IFHP Benefit Grid - IME and IME Tests

Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
0293FPHD Furtherance – Panel Physician		1-Apr-19						\$70.68	See NOTE 4
NOTE 4 - The service can only be performed by a Panel Physician.									
0293FPHM Furtherance - MD / Specialist		5-Nov-14				Panel Physicians		\$150.00	See NOTE 5
NOTE 5 - Furtherance fee can be claimed by MD or specialist only. Referral from a Panel Physician is required. Fee includes review of history, laboratory, x-ray findings, written report and any additional visits.									
0293F Furtherance - MD / psychiatrist (Public safety concerns only)		5-Nov-14				Panel Physicians		\$211.00	See NOTE 5
NOTE 5 - Furtherance fee can be claimed by MD or specialist only. Referral from a Panel Physician is required. Fee includes review of history, laboratory, x-ray findings, written report and any additional visits.									
0293TB Sputum Culture and Smear (TB)		5-Nov-14						\$28.00	
0293SCT IME Syphilis Confirmation Tests		5-Nov-14						\$118.00	See NOTE 2
NOTE 2 - Syphilis confirmation test may include the following tests: TP-PA, FTA-Abs, INNO-LIA.									
0293PH IME Post Test Counselling for HIV		5-Nov-14						\$119.95	
0293HIV IME HIV Confirmation Tests		5-Nov-14						\$156.00	See NOTE 1
NOTE 1 - HIV confirmation test may include Western Blot, Immunoblot, Radioimmunoprecipitation or Immunofluorescence.									
0293HVR		5-Nov-14						\$147.00	See NOTE 8

IFHP Benefit Grid - IME and IME Tests

Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
HIV RNA concentration (viral load)	NOTE 8 - May include polymerase chain reaction (PCR), nucleic acid sequence-based amplification (NASBA) or by Branched DNA (bDNA) methods.								
0293LS Lymphocyte Subset Enumeration (CD4 count)		5-Nov-14						\$255.71	
0293HCV HCV Serology (Anti HCV IgM / IgG)		5-Nov-14						\$66.45	
0293HB Hepatitis B-surface Antigen		5-Nov-14						\$14.76	
0293LDH Lactate Dehydrogenase (LD, LDH)		5-Nov-14						\$5.40	
0293AST Aspartate Aminotransferase (AST)		5-Nov-14						\$2.59	
0293ALT Alanine Aminotransferase (ALT)		5-Nov-14						\$2.59	

IFHP Benefit Grid - IME and IME Tests

Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
0293GGT GGT (Gamma Glutamyl Transferase)		5-Nov-14						\$2.59	
0293CR Creatinine, Serum		5-Nov-14						\$2.59	
0293ACR Albumin / Creatinine Ratio (ACR)		5-Nov-14						\$11.00	
0293CC Creatinine clearance		5-Nov-14						\$12.00	
0293FPG Fasting plasma (blood) glucose (FPG/FBG)		5-Nov-14						\$5.25	
0293HGB Glycosylated hemoglobin - HgbA1		5-Nov-14						\$11.00	
0293IGRA Interferon Gamma Release Essay (IGRA)		6-May-2019						\$90.00	
0293TST Tuberculin Skin Test (TST)		6-May-2019						\$45.00	

IFHP Benefit Grid - IME and IME Tests

Benefit Description	Benefit Code	Effective Date	Prior Approval Required	ICD 9 / 10 Code or Written Dx Required	Provincial Health Code Required	Referring Prescriber	Frequency Limit	Maximum Dollar Amount	Comments
0293ELC Electrocardiogram		5-Nov-14						\$31.70	
0293CST Cardiac Stress Test		5-Nov-14						\$99.13	
0293ECH Echocardiogram		1-Apr-19						\$169.02	
0293EU IME Combination Code - (IME Exam & Urinalysis)		1-Apr-19					1 / LT	\$189.29	See NOTES 4 & 6
NOTE 4 - The service can only be performed by a Panel Physician. NOTE 6 - Combined code includes IME Exam and IME Lab Exam Urinalysis. Not payable if claimed together with 0293CI or 0293L.									
0293EVU IME Combination Code - (IME Exam, Venipuncture & Urinalysis)		1-Apr-19					1 / LT	\$200.04	See NOTES 4 & 7
NOTE 4 - The service can only be performed by a Panel Physician. NOTE 7 - Combined code includes IME Exam, IME Venipuncture and IME Lab Exam Urinalysis. Not payable if claimed together with 0293CI, 0293V or 0293L.									